STATEMENT OF

RECEIVET

AM 11:51

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FORM 1	FORM 1 ORGANIZATION					2012 OCT 25 AM 11:
1. NAME OF COMMITTEE (in	o full)	(Check if name is changed)		imple:If typing, type	12FE4M5	Office Bist Only All CENT
•	•				RAL CO	MMITTEE
ADDRESS (number a	and street)	P. O. BOX	16194			
(Check if address is changed)		PLANTATION	NC		FL	33318
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) DemocraticLeadershipCommittees@gmail.com (Check if address is changed)						
COMMITTEE'S WEE	B PAGE AD	DRESS (URL)				
(Check if address is changed)						
2. DATE 10° '17° '2012 '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have	examined t	his Statement and to the			is true, correct	and complete.
Type or Print Name	of Treasure	ALEXAND	ER CI	INTON		
Signature of Treasur	rer	Revandor	Cle	iton	Date 10	′ 17° ′ 2012 `
NOTE: Submission of	false, erron	eous, or incontiplete inform	-			the penalties of 2 U.S.C. §437g.
Office Use				For further information or Federal Election Commission Toll Free 800-424-9530		FEC FORM 1